

# United States District Court Southern District of Mississippi



## CM/ECF - Attorney Registration

This form shall be used to register for an account on the Court's Case Management/Electronic Case Files (CM/ECF) system. Registered attorneys and other participants will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the CM/ECF system.

\* - denotes a required field

### Personal Information

*First Name	
Middle Name	
*Last Name	
State Bar Number	
*Phone Number	
Fax Number	
Your login and password will be sent to the email address entered below. You must enter a valid email address in order to obtain an ECF login.	
*Primary Email	
If you would like notices to be sent to other email addresses, in addition to your primary email address, please enter them in the field below, separated by commas.	
Alternate Email	

### Personal Security Information

The information contained in the box below will be maintained confidentially, and is necessary for security/confirmation purposes:	
*Last 4 Digits of Social Security	
*Mother's Maiden Name	

**Firm Information - Mailing Address**

*Firm Name	
*Address	
*City	
*State	
*Zip	

**General Information**

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases designated by the United States District Court for the Southern District of Mississippi. The system may be used to file and view electronic documents, docket sheets, and notices.
2. Pursuant to Federal Rule of Civil Procedure 11, every pleading, motion and other paper shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's/participant's password issued by the court combined with the user's identification, serves as and constitutes the attorney's/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the court. This should include the resignation or reassignment of the person with authority to use the password. The Court will immediately delete the password from the electronic filing system and issue a new password.
3. Each attorney desiring to file pleadings or other papers electronically must complete and sign an Attorney Registration Form. Registration as a Filing User constitutes: (1) consent to receive notice electronically and waiver of the right to receive notice by first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D); (2) consent to electronic service and waiver of the right to service by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment. Notice by electronic means is complete as set forth in this court's Uniform Local Rules and Administrative Procedures.
4. A user accesses court information via the court's Internet site or through the Public Access to Court Electronic Records ("PACER") Service Center. Although the court manages the procedures for electronic filing, all electronic public access to case file documents occurs through PACER. A PACER login is required, in addition to, the login and password issued by

the court. To register for PACER, a user must complete the online form or submit a registration form, available on the PACER web site ( <a href="http://pacer.psc.uscourts.gov">http://pacer.psc.uscourts.gov</a> ).	
Attorney/Participant Signature Type your full name, prefixed with "s/", in the field to the right to acknowledge that you have read and understand the information in this document.	
Date	

Note: Depending on network traffic, browser settings and/or firewall configurations, a user may receive message saying that the form cannot save values to database field. If you receive this message, please complete the form, print it, and fax to the attention of our cmecf helpdesk at 601-608-4001.